

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/926603	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1	/		/		
2	/		/		
3	/		/		
4	/		/		
5	/		/		
6	/		/		
7	/		/		
8	/		/		
9	/		/		
10	/		/		
11	/		/		
12	/		/		
13	12		/		
14	0		/		
15	0		/		
16	0		/		
17	0		/		
18	0		/		
19	0		/		
20	0		/		
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49					
50					
TOTAL IND.	2		2		
TOTAL DEP.	34	26			
TOTAL CLAIMS	36	28			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS